

**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR LICENSURE**  
**SUBSTANCE ABUSE COUNSELOR**

DOPL-AP-060 REV 11/19/2003

**APPLICATION INSTRUCTIONS AND INFORMATION**

**General Statement:** The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in denial of licensure. Please read all instructions carefully.

**Address of Record:** The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

**Social Security Number:** Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

**SUPPORTING DOCUMENTS AND FEES:**

1. Submit an official college transcript documenting a degree with a major in alcohol and other drug abuse counseling or in a behavior science field as explained in “Additional Important Information – Three Tracks To Qualify For Licensure” below.

If you do not have a college degree with the required major, submit a copy of your high school diploma or GED. Have the school mail this documentation to you to be included with your application. To be official, a transcript must bear the school seal.

2. Submit an original score report showing a passing score on the International Certification Examination for Alcohol and Drug Counselors of the International Certification and Reciprocity Consortium/Alcohol and Other Drug Abuse, Inc. (ICRC/AODA).

To obtain information regarding the International Certification Examination for Alcohol and Drug Counselors, contact the Association of Utah Substance Abuse Professionals (AUSAP) at (801) 230-6491 or [www.ausap.org](http://www.ausap.org).

3. If you are currently licensed in another state as a substance abuse counselor, use the “Request for Verification of License” form (attached to this application) to obtain verification of such.

Request that the verifying state(s) complete the form(s) and mail or fax them directly to the Division or return it to you for submission with your application.

4. Submit a “Verification of Supervised Experience” form (attached to this application) completed by each of your supervisors.
5. Submit an **\$85.00** non-refundable application-processing fee, made payable to “DOPL.”

#### **ADDITIONAL IMPORTANT INFORMATION:**

1. **Laws and Rules:** You are required to understand all Utah laws and rules pertaining to your practice. The following applicable laws and rules are available on the Internet at [www.dopl.utah.gov](http://www.dopl.utah.gov).

You may also purchase them for a fee from Exporior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

- ☐ Division of Occupational & Professional Licensing Act
  - ☐ General Rules of the Division of Occupational & Professional Licensing
  - ☐ Mental Health Professional Practice Act
  - ☐ Mental Health Professional Practice Act Rules
  - ☐ Substance Abuse Counselor Licensing Act Rules
2. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
  3. **Three Tracks To Qualify For Licensure:** To be licensed as a substance abuse counselor in Utah, an applicant may qualify for licensure in one of three tracks.

#### TRACK 1 includes all of the following:

- ☐ A baccalaureate or graduate degree from an accredited institution of higher education in a substance abuse counseling program with a major in alcohol and other drug abuse counseling subjects.
- ☐ A minimum of 300 clock hours of supervised fieldwork practicum.

- ❑ A passing score on the written International Certification Examination for Alcohol and Drug Counselors or current certification as an international certified alcohol and drug counselor.

TRACK 2 includes all of the following:

- ❑ A baccalaureate or graduate degree from an accredited institution of higher education in a behavior science field.
- ❑ 4,000 clock hours of supervised experience providing substance abuse services. The supervised experience must consist of a minimum of 300 clock hours of addiction counseling specific training completed at the beginning of the supervised experience. The supervised experience must include 18 clock hours in professional ethics and responsibilities and a minimum of 10 clock hours of training in each of the areas of practice as defined in Subsection 58-60-502(6)(a) of the Utah Mental Health Professional Practice Act.
- ❑ The supervised experience must be supervised at a ratio of one hour of face-to-face direct supervision for every 20 hours of substance abuse counseling services you provide.
- ❑ A passing score on the written International Certification Examination for Alcohol and Drug Counselors or current certification as an international certified alcohol and drug counselor.

TRACK 3 includes all of the following:

- ❑ A high school diploma or equivalent.
- ❑ Completion of 300 clock hours of addiction counseling specific training which must include 18 clock hours in professional ethics and responsibilities and a minimum of 10 clock hours of training in each of the areas of practice as defined in Subsection 58-60-502(6)(a) of the Utah Mental Health Professional Practice Act.
- ❑ 6,000 clock hours of supervised experience providing substance abuse counseling services. You must be supervised at a ratio of one hour of face-to-face direct supervision for every 20 hours of substance abuse counseling services you provide. The supervised experience must include the completion of a 300 clock hour supervised practicum which shall be supervised at a ratio of one hour of face-to-face direct supervision for every ten hours of substance abuse counseling services you provide. The 300 clock hours must include a minimum of ten clock hours of experience in each of the areas of practice as defined in Subsection 58-60-502(6)(a) of the Utah Mental Health Professional Practice Act.
- ❑ A passing score on the written International Certification Examination for Alcohol and Drug Counselors or current certification as an international certified alcohol and

drug counselor.

4. **License Renewal:** All substance abuse counselor licenses expire on May 30 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

5. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.
6. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
7. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change (marriage license, divorce decree, etc.).
8. **Mail Complete Application To:**

**By U.S. Mail**

Division of Occupational & Professional Licensing  
P.O. Box 146741  
Salt Lake City, Utah 84114-6741

**By Delivery or Express Mail**

Division of Occupational & Professional Licensing  
160 East 300 South, 1<sup>st</sup> Floor Lobby  
Salt Lake City, Utah 84111

9. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – toll-free in Utah
10. **Fax Number:** (801) 530-6511

## **APPLICATION FOR LICENSURE**

## GENERAL INFORMATION

License Applying For: LICENSED SUBSTANCE ABUSE COUNSELOR

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Have You Ever Held A Utah License Before? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Name of Profession: \_\_\_\_\_

If Yes, License Number: \_\_\_\_\_

Gender (Male or Female): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: \_\_\_\_\_

## DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: \_\_\_\_\_

Date License/Certificate Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date License/Certificate Denied: \_\_\_\_\_

Denied By: \_\_\_\_\_

Reason For Denial/Other Comments: \_\_\_\_\_

**EDUCATION REQUIREMENT:** (Use additional sheets if necessary.)

HIGH SCHOOL OR EQUIVALENT:

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

PROFESSIONAL EDUCATION:

Name: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**ADDICTION COUNSELING TRAINING:**

Answer “yes” or “no.”

\_\_\_\_\_ I have completed 300 clock hours of addiction counseling training.

\_\_\_\_\_ I have completed 18 clock hours in professional ethics and responsibilities.

\_\_\_\_\_ I have completed **a minimum of 10** clock hours of training in each of the following areas of practice.

\_\_\_\_\_ administering the screening process

\_\_\_\_\_ conducting the administrative intake procedures

\_\_\_\_\_ conducting an orientation of a client

\_\_\_\_\_ conducting an assessment which identifies a client's strengths, weaknesses, problems, and needs

\_\_\_\_\_ participating in the process of treatment planning with a mental health therapist

\_\_\_\_\_ providing substance abuse counseling services

\_\_\_\_\_ performing case management services

- \_\_\_\_\_ providing substance abuse crisis intervention services
- \_\_\_\_\_ providing client education to individuals and groups concerning alcohol and other drug abuse
- \_\_\_\_\_ identifying needs of the client that cannot be met by a substance abuse counselor and referring to appropriate services and community resources
- \_\_\_\_\_ developing and providing effective reporting and record keeping procedures and services
- \_\_\_\_\_ consulting with other professionals in regard to client treatment and services

### **EXAMINATION REQUIREMENT:**

Answer “**yes**” or “**no**.”

\_\_\_\_\_ International Certification Examination for Alcohol and Drug Counselors

\_\_\_\_\_ Current ICADC Certification

### **LICENSES:**

List all licenses, registrations, or certifications issued by any state which you now hold, or have ever held as a substance abuse counselor. Use additional sheets if necessary.

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_

License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**RECORD OF EMPLOYMENT:** List each place of supervised professional employment.  
Please show month and year for each. (Use additional sheets if necessary.)

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

Position and Duties: \_\_\_\_\_

\_\_\_\_\_



# **SUBSTANCE ABUSE COUNSELOR QUALIFYING QUESTIONNAIRE**

Answer “yes” or “no” for each question. Do not leave any question blank.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever been denied the right to sit for a licensure examination?
3. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. \_\_\_\_\_ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. \_\_\_\_\_ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. \_\_\_\_\_ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. \_\_\_\_\_ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. \_\_\_\_\_ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9. \_\_\_\_\_ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10. \_\_\_\_\_ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

*(Questions continue on following page.)*

11. \_\_\_\_\_ Have you been named as a defendant in a malpractice suit?
12. \_\_\_\_\_ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
13. \_\_\_\_\_ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. \_\_\_\_\_ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. \_\_\_\_\_ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. \_\_\_\_\_ Have you ever been terminated from a position because of drug use or abuse?
17. \_\_\_\_\_ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. \_\_\_\_\_ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. \_\_\_\_\_ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. \_\_\_\_\_ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
21. \_\_\_\_\_ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
22. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

*(Questions continue on following page.)*

23. \_\_\_\_\_ Have you ever pled guilty to, no contest to, or been convicted of a felony in any

jurisdiction?

24. \_\_\_\_\_ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
25. \_\_\_\_\_ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

**If you answered “yes” to questions 20, 21, 22, 23, 24, or 25 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.**

**If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.**

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**If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.**

**A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.**

# **AFFIDAVIT and RELEASE AUTHORIZATION**

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
Fax: (801) 530-6511

## REQUEST FOR VERIFICATION OF LICENSE

**(Use this form to verify licensure from another state, if applicable.)**

### TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to the Division or return it to you for submission with your application.

Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I am requesting licensure in the state of Utah as a: \_\_\_\_\_

I am/have been licensed in your state under the name: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_

My Date of Birth is: \_\_\_\_\_

My license number in your state is/was: \_\_\_\_\_

I have enclosed the necessary license verification fee in the amount of: \_\_\_\_\_

Signature of Qualifier: \_\_\_\_\_

*(Continued on the reverse.)*

**TO BE COMPLETED BY THE VERIFYING AGENCY:**

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: \_\_\_\_\_

Name of Licensee (as it appears in verifying state's records): \_\_\_\_\_

Name of Qualifying Person: \_\_\_\_\_

Classification of License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_ Current Status: \_\_\_\_\_

Original Date of Licensure: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Continuously Licensed:

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain: \_\_\_\_\_

Licensed By:

\_\_\_\_\_ Exam, Type: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Endorsement, from what state? \_\_\_\_\_

Examination Scores: \_\_\_\_\_

Education Required For Licensure: \_\_\_\_\_

Disciplinary Action or Pending Disciplinary Action:

\_\_\_\_\_ No \_\_\_\_\_ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

(SEAL)

Division of Occupational and Professional Licensing  
160 East 300 South, P.O. Box 146741  
Salt Lake City, Utah 84114-6741  
FAX: 801 530-6511

## VERIFICATION OF SUPERVISED EXPERIENCE

### TO BE COMPLETED BY EACH SUPERVISOR OF THE REQUIRED SUPERVISED EXPERIENCE HOURS:

Applicant's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's License Issued: State: \_\_\_\_\_ Profession: \_\_\_\_\_ Year: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inclusive Dates of Supervised Experience: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Hours of Face-to-Face Supervision: \_\_\_\_\_ Total Hours Worked: \_\_\_\_\_

The hours worked and supervised are reported on the basis of:

\_\_\_\_\_ supervisor's appointment calendars or records

\_\_\_\_\_ supervisor's best recollection

Nature of Applicant's Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Answer "yes" or "no."

\_\_\_\_\_ The applicant has completed 300 clock hours of addiction counseling training.

\_\_\_\_\_ The applicant has completed 18 clock hours in professional ethics and responsibilities.

\_\_\_\_\_ The applicant has completed a **minimum of 10** clock hours of training in each of the

following areas of practice.

- \_\_\_\_\_ administering the screening process
- \_\_\_\_\_ conducting the administrative intake procedures
- \_\_\_\_\_ conducting an orientation of a client
- \_\_\_\_\_ conducting an assessment which identifies a client's strengths, weaknesses, problems, and needs
- \_\_\_\_\_ participating in the process of treatment planning with a mental health therapist
- \_\_\_\_\_ providing substance abuse counseling services
- \_\_\_\_\_ performing case management services
- \_\_\_\_\_ providing substance abuse crisis intervention services
- \_\_\_\_\_ providing client education to individuals and groups concerning alcohol and other drug abuse
- \_\_\_\_\_ identifying needs of the client that cannot be met by a substance abuse counselor and referring to appropriate services and community resources
- \_\_\_\_\_ developing and providing effective reporting and record keeping procedures and services
- \_\_\_\_\_ consulting with other professionals in regard to client treatment and services A minimum of 10 clock hours of training in each of the following areas of practice

\_\_\_\_\_ I provided at least one hour of face-to-face supervision for every ten hours of substance abuse counseling services that were provided by the applicant during the 300 clock hours of addiction counseling training, and at least one hour of face-to-face supervision for every 20 hours of substance abuse counseling services for the remaining hours of supervised experience.

\_\_\_\_\_ I attest that the applicant's performance was satisfactory. If less than satisfactory, please attach an explanation regarding the nature of problem, recommendation and remediation.

\_\_\_\_\_ I certify that I am a licensed substance abuse counselor or mental health therapist in good standing and I am a qualified supervisor in accordance with Statute and Rules.

\_\_\_\_\_ I certify that I am professionally responsible for the acts and practices of the applicant which are a part of the required supervised training.

Signature of Supervisor: \_\_\_\_\_

Date of Signature: \_\_\_\_\_